



Certification Statement/Case Summary

Early Pregnancy Loss (EPL) / fetal death / Incomplete Abortion (Miscarriage) Services

All requested information on this form must be completed in its entirety and the form submitted for processing with claims, when Mifeprex is used with an early pregnancy loss / miscarriage / anembryonic service.

Section I. Member Information

1. Member Medicaid ID: _____
2. Member Name: _____
3. Member Address: _____
4. Age of Member: _____
5. Gestational Age of Fetus / Weeks of Pregnancy: _____

Please check the box below that describes the identified medical situation.

- ☐ Pregnancy resulting in an early fetal death/pregnancy loss (EPL) / Missed abortion-(Dx Code O02.1)
- ☐ Pregnancy resulting in an incomplete spontaneous abortion / miscarriage w/out complications-(Dx Code O03.4)
- ☐ Pregnancy resulting in an anembryonic pregnancy / blighted ovum-(Dx Code O02.0)

Section II. Practitioner Information (to be completed by the practitioner)

Section II(a):

This Pregnancy:

- ☐ Resulted in an early fetal death / pregnancy loss (EPL) / Missed abortion
- ☐ Resulted in an incomplete spontaneous abortion / miscarriage
- ☐ Was an Anembryonic pregnancy / blighted ovum

Section II(b): Complete the information requested below, when medical treatment (using Mifeprex + Misoprostol) for an EPL, blighted ovum, or miscarriage is provided.

Additional Risk Evaluation & Mitigation Strategy (REMS) information and signature(s) are required below.

- ☐ Medicaid Member requested a medicinal method for treatment of this EPL/miscarriage/anembryonic situation.



Description of services and procedure code(s) billed for service provision:

Name of facility where the EPL / medicinal incomplete abortion services were rendered:

Date(s) service(s) were rendered:

Date of Initial Visit (medications prescribed/dispensed):

Mifeprex Risk Evaluation & Mitigation Strategy (REMS) Program:

☐ I certify that all requirements under the Mifeprex REMS Program have been and will be met.

Signature and ID of Certified Mifeprex Prescriber:

Prescribing Physician's Signature

Prescribing Physician's Medicaid ID

Date

Section III. Rendering Physician's Signatures

Physician/Clinician's Signature

Physician/Clinician's Medicaid ID

Date

Attending Practitioner Signature
(if applicable)

Attending Practitioner Medicaid ID

Date:

Revised: September 2020

